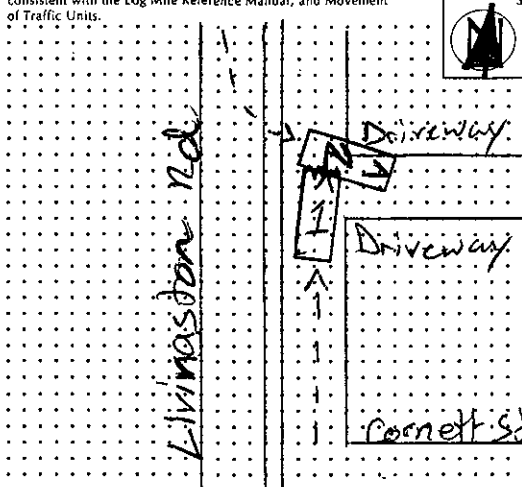



State of Maryland Motor Vehicle Accident Report

Case 8:16-cv-01052-PJM Document 26-3 Filed 09/18/17 Page 1 of 1

REPORT NO. 12377116	PAGE OF 1	ACCIDENT DATE 10/23/14	ACCIDENT TIME 1009	REPORT TYPE <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input type="checkbox"/> PDO <input type="checkbox"/> HIT & RUN <input type="checkbox"/> NON-TRAFFIC	RESEARCH	LOCAL CASE NUMBER 14-296-0844	LOCAL CODES 626	PHOTOS? <input type="checkbox"/> NO <input type="checkbox"/> YES
INVESTIGATING OFFICER ID PRT 3398	AGENCY AND AREA DA 54	SUPERVISING OFFICER ID A/SGT T. H. 3139	REVIEWER ID #	CODE - AND - NAME OF MUNICIPALITY 000 000	COUNTY 16			
RD CHAR 01	RTE NUM Accident Occurred On CO 45241	ROAD NAME Livingston Rd	IN LANE N	TRAF SIG <input type="checkbox"/> NO <input type="checkbox"/> YES	ON RAMP <input type="checkbox"/> NO <input type="checkbox"/> YES	Ramp Number (Direction) 1 N-W 2 W-N 3 E-N 4 N-E 5 S-E 6 E-S 7 W-S 8 S-W 9 Other	IN INTERSECTION <input type="checkbox"/> NO <input type="checkbox"/> YES	
RD COND 01	INT-RTE OP 44341	INTERSECTING ROAD NAME or Log Mile Reference Manual description. Cornett St	MILEPT 000.18	DIR W	Dist. of Acc fr INT-RTE/Ref. & Dir 50.00	FL N		
RD DIV 01	ACCIDENT DIAGRAM 	31 NORTH: 	DESCRIBE ACCIDENT briefly: identify units by numbers. Also identify the following: a) the OBJECT DAMAGED & NATURE OF DAMAGE (Property other than vehicles) and b) the NAME & ADDRESS OF OWNER when applicable.					
Unit 1 traveling N/B on Livingston Rd. Unit 2 traveling S/B on Livingston Rd. Unit 2 attempted to make a left turn into a driveway. Unit 1 struck Unit 2 on the rear passenger side.								
UNIT # 43	NAME (First, Middle, Last) Stephanie Denette Withers	SEX 45 F	UNIT # 43	NAME (First, Middle, Last) Rakia Elaine Parker	SEX 45 F			
TYPE OF UNIT <input type="checkbox"/> DRIVER <input type="checkbox"/> "PED"	ADDRESS (No., Street, City, State, Zip) 8813 Ritchboro Rd (301) 499-0711 Forestville, MD 20747	TEL <input type="checkbox"/> Work <input type="checkbox"/> Res	TYPE OF UNIT <input type="checkbox"/> DRIVER <input type="checkbox"/> "PED"	ADDRESS (No., Street, City, State, Zip) 9032 Lone Star Ct (571) 340-5326 Loudon, VA 22079	TEL <input type="checkbox"/> Work <input type="checkbox"/> Res			
MOVEMENT 01	CONDITN 01	SUBST 01	TEST 01	RESULT 01	FOR PDS ONLY 01	AGE 01	TYPE 01	LOCAT'N 01
SPEED LIMIT 01	SAF. EQU 01	EQ PROB 01	EJECT 01	CITATION NUMBER (S) 01	64	FAULT <input type="checkbox"/> YES <input type="checkbox"/> NO		
GOING 01	DRIVER'S LICENSE NUMBER W- 268	STATE MD	CLASS MC	GOING 01	DRIVER'S LICENSE NUMBER TL- 34	STATE VA	CLASS 01	
CONTINU 01	DR DATE OF BIRTH 55	IRREGULAR CONDITION <input type="checkbox"/> PARKED <input type="checkbox"/> CAUGHT FIRE <input type="checkbox"/> HIT & RUN <input type="checkbox"/> DRIVERLESS	HM SPILL <input type="checkbox"/> YES <input type="checkbox"/> NO	HAZ MAT NUMBER 01	74			
BODY TY 01	COMMER. VEHICLE ONLY <input type="checkbox"/> YES <input type="checkbox"/> NO	U. S. DOT NUMBER 01	ICC NUMBER 01	BODY TY 01	COMMER. VEHICLE ONLY <input type="checkbox"/> YES <input type="checkbox"/> NO	U. S. DOT NUMBER 01	ICC NUMBER 01	
MOST HE 01	OWNER OR CARRIER NAME (Write "SAME" if Driver) United States Postal Service	TEL <input type="checkbox"/> Work <input type="checkbox"/> Res	MOST HE 01	OWNER OR CARRIER NAME (Write "SAME" if Driver) Elaine Parker	TEL <input type="checkbox"/> Work <input type="checkbox"/> Res			
CONTRIB CIRCUMSTANCES 9.9	OWNER/CARRIER ADDRESS 11550 Livingston Rd (301) 292-3658 Fort Washington, MD 20744	TOWED VEH (S) 01	CONTRIB CIRCUMSTANCES 9.9	OWNER/CARRIER ADDRESS 14023 Mount Pleasant Dr Woodbridge, VA 22191	TOWED VEH (S) 01			
82-2 YEAR & MAKE OF VEHICLE 01 U1 U1	MODEL LLV	85	82-2 YEAR & MAKE OF VEHICLE 01 07 Chrysler	MODEL 300 SRT	85			
82-3 EXP YR & REGISTR # STATE 01 PM 4315619	AREAS DAMAGED 02 01 1.6	INSURER Solo - Insured	82-3 EXP YR & REGISTR # STATE 01 15300 4E VA	AREAS DAMAGED 06 07 08	INSURER State Farm			
82-4 VEHICLE ID NUMBER 01 1GBCS 1049R 2921977	92	POLICY NUMBER —	82-4 VEHICLE ID NUMBER 01 2C3LA 63 17 802470	92	POLICY NUMBER —			
DAM EXT 03	VEHICLE REMOVED BY Driver	95	DAM EXT 03	VEHICLE REMOVED BY Owner	95			
TRAFFIC UNIT #	SEATING POSITION	CODE all injured & uninjured PASSENGERS below. Use "W" for witness in TRAF UNIT and SEAT columns. WRITE NAME & ADDRESS of Injured Passengers and Witnesses.	Witness telephone #.	SEX	AGE	SAFETY EQUIP	EQUIP PROB.	INJUR SEVER
W 97	W 98	Isiah Karen Williams 7997 Autobahn Ave Alexandria, VA 22306 (703) 862-5853	0100	22	0100	0100	0100	0100
W	W	Darryl Mitchell 113 5TH Pl SE Washington, DC 20003 (301) 302-1291	01	36	0100	0100	0100	0100
<div style="text-align: center; font-size: 2em; opacity: 0.5;">X</div>								
E UNIT # 107	INJURED TAKEN BY: Amb 847	INJURED TAKEN TO: W. Washington Hospital	EMS RUN REPORT # 14-296-0123	E UNIT # 107	INJURED TAKEN BY: 01	INJURED TAKEN TO: 01	EMS RUN REPORT # 01	